HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/
MINUTE of BOARD MEETING Board Room, Assynt House, Inverness	**24 September 2019 – 8.30am**

Present
Prof Boyd Robertson, Chair
Mr Alex Anderson
Ms Jean Boardman
Mr James Brander
Mr Alasdair Christie
Ms Ann Clark
Ms Sarah Compton-Bishop
Ms Mary-Jean Devon
Mr Adam Palmer
Ms Ann Pascoe
Dr Gaener Rodger
Ms Catriona Sinclair (substitute for Margaret Moss)
Mr Dave Garden, Interim Director of Finance
Ms Heidi May, Nurse Director
Dr Boyd Peters, Medical Director
Mr Iain Stewart, Chief Executive
Prof Hugo Van Woerden, Director of Public Health

In Attendance
Ms Ruth Daly, Board Secretary
Ms Fiona Hogg, Director of Human Resources and Organisational Development
Mr Gavin Hookway, Head of Kaizen Promotion Office
Ms Michelle Johnstone, Area Manager, Caithness (VC)
Ms Deborah Jones, Director of Strategic Commissioning, Planning and Performance
Ms Fiona MacBain, Committee Administrator, Highland Council
Mr George McCaig, Planning and Performance Manager
Ms Jane McGirk, Director of Corporate Communications
Mr George Morrison, Head of Finance, Argyll & Bute (VC)
Ms Mirian Morrison, Clinical Governance Development Manager
Ms Christian Nicholson, Senior Quality Improvement Practitioner
Dr Ken Oates, Consultant in Public Health Medicine
Mr David Park, Chief Officer, North Highland
Mr Simon Steer, Interim Director of Adult Social Care
Mr Mark Wilde, Strategic Advisor, Health Finance

Also in Attendance
Prof Sandra McRury, UHI

1 Apologies

Apologies were submitted on behalf of Margaret Moss, Deirdre Mackay, Alasdair Lawton, and Philip MacRae.

2 Declarations of Conflict of Interest

Alasdair Christie wished to record that he had considered making a declaration of interest but felt his status was too remote or insignificant to the agenda items under discussion to reasonably be taken to fall within the Objective Test, and on that basis he felt it did not preclude his participation at the meeting.

3 Minute of Meeting of 23 July 2019 and Action Plan

- Dave Garden was marked as being present and also in attendance at the meeting.
- In relation to Action 111, further detail on analysis of Adult Social Care expenditure would be included in the next Finance report.

The Board **approved** the minute and **noted** the Action Plan.

4 Matters Arising

- Adam Palmer reported he had completed his project to informally interview 100 members of staff and had circulated his findings to the Board.
- The Chair sought expressions of interest for the Non Executive vacancy occasioned by Mary Jean Devon's desire to step down from the Audit Committee.

The Board **noted** the Matters Arising.

5 Chief Executive's and Directors' Report – Emerging Issues and Updates
Iain Stewart, Chief Executive

This month's report incorporated updates on:

Introduction from CEO
Hot Topics/issues:

- Health & Sport Committee
- Culture Fit for the Future – Employee Engagement
- Culture Fit for the Future - Strategy Workshop
- Board Development
- Project Management Office and Financial Recovery
- Annual Operational Plan for 2020/21
- New Appointments
- Redesign of Services Badenoch and Strathspey, and Skye, Lochalsh and South West Ross
- Long Service Awards
- Loch Court
- North Cancer Alliance
- Lyme App
- Volunteer honoured
- Consultant named most engaging online tutor
- ScotGEM - Scottish Graduate Entry Medicine

Attention was drawn to the following:

- Issues which were also included as substantive items on the agenda would be discussed at that point.
- Initial feedback from NHS Highland's attendance at the Scottish Parliament's Health & Sport Committee's evidence gathering session had been positive, with written feedback anticipated soon.
- Good progress with the Culture Fit for the Future Programme was being made, with staff engagement sessions planned and a Board Strategy Workshop having been held (full report at Item 7).

- PwC had now left the organisation and were thanked for their work (full report at Item 11).
- The first draft of the Annual Operational Plan for 2020/21 was due in December 2019 and would be considered by the Board in November 2019.
- Dr Boyd Peters was congratulated on his appointment as substantive Medical Director.
- Dave Garden was thanked for continuing in the role of Interim Finance Director following unsuccessful recruitment efforts for the substantive post. An agency was being used to find candidates for this role in partnership with another Board.
- In relation to capital projects, there had been turf cutting ceremonies in Aviemore, and in Skye, and there would be one in due course for the Elective Care Centre.
- Loch Court, a new patient accommodation facility at Raigmore Hospital in Inverness, had recently opened.

During discussion the following issues were considered:

- Information was sought and provided on the ScotGEM degree which was relatively new to the UK and allowed graduates from diverse backgrounds to study medicine. In Scotland this was being implemented by the UHI, Dundee and St Andrews Universities and it was hoped this would improve recruitment and retention in remote and rural areas.
- Ann Clark was congratulated on her appointment as Board Vice Chair.

The Board **noted** the Emerging Issues and Updates Report.

6 Improvement Work and 3P Event in Caithness

Gavin Hookway, Head of Kaizen Promotion Office, Christian Nicolson, Senior Quality Improvement Practitioner**, and Michelle Johnstone, Area Manager, Caithness**

A presentation was provided on the 3P events and work being undertaken to deliver a local care model in Caithness. Key issues included the focus on creativity and designing new processes, and the context of the Caithness Redesign and the Scottish Futures Trust Local Care Model Pathfinder Site. The event had involved around 60 people over six days covering Product, Process and People, and various flows (customers, staff, supplies, equipment, medication, information, people). A mobile phone-based mentimeter had been used for engagement with immediate feedback. Next steps included developing workstreams, continued work with the Scottish Futures Trust and other Pathfinder sites to trial new ways of working under each of the workstreams, and following the Scottish Capital Investment Manual (Initial Agreement late 2019, Outline Business Case 2020 and Final Business Case 2021).

During discussion the following issues were considered:

- The work being undertaken to develop self-management and a single point of access for services was summarised. More proactive care planning was improving effectiveness.
- The ideas and approaches could be useful for strategy development work, and feedback was provided on the usefulness of having two events with development work in-between.
- This method of developing services in rural areas could become a blueprint for other Boards.
- The 3P events were for the design process and would inform the development of the business case, noting that the procedure for Scottish capital investment business planning was prescriptive. The entire process would involve public engagement, including plans for a pop-up shop in Wick.
- It was clarified that the building design was only one element, and the organisation of services and how they related to one another were vital and unique components of the process.

The Board thanked the team for their work and **noted** the presentation.

7 Culture Fit for the Future

Fiona Hogg, Director of Human Resources and Organisational Development and Programme Senior Responsible Officer

In summary of the report and giving updates since it had been written, the following points were made:

- An update against the revised Action Plan would be provided to the Board in November 2019.
- Consideration was being given to producing a short summary of the Sturrock report which a number of people had indicated would be helpful.
- Board agreement was being sought to proceed to commissioning an Argyll & Bute review, as detailed in the report along with tendering requirements and timescales.
- Due to the complexity of planning and scoping an effective healing process, this would be the subject of a full report in November 2019.
- A misconception about the use of videoconferencing for staff engagements having emerged, it was clarified that face to face engagement was intended and VC was not considered wholly suitable. However, there had been a request for use of VC for particular sessions, and this was being accommodated where possible.
- In relation to the leadership of the programme, it was clarified that in line with recommendations from the Sturrock report, a person specification and internal advert had been produced for the role of Senior Responsible Officer (SRO). However, the recruitment of a permanent Human Resources (HR) Director followed shortly after this and it became clear the role of SRO for such programmes was typically undertaken by the Lead Executive for the programme, which was the HR Director. There remained the need for an Independent / External Advisor for the programme and the work of the steering group and it was proposed this be undertaken by a sessional type of role, approximately one day per week for 12 months, to be advertised internally and externally, with a key function being to chair the Culture Steering Group.
- A programme manager was also required to undertake technical project management responsibilities and, in the interim, this person would be reallocated from within the existing HR team, with a view to recruiting someone either internally or externally pending funding being sourced for this.

During discussion the following issues were considered:

- It was important to take time to consider the correct structure and to have clarity around the working relationships between the Board's own Non Executive Whistleblower, the Board's Whistleblower Non Executive who was soon to be appointed by the Scottish Government, and the proposed external Chair of the Culture Steering Group.
- The importance of fully including staff based in remote and rural locations, including small islands in Argyll & Bute, was emphasised. It was welcomed that engagement was to be undertaken in A&B across the Health and Social Care Partnership to include staff who manage or were managed by NHS staff, especially in smaller communities. Assurance was sought and received that the engagement sessions in A&B would continue even if a lengthy tendering process was required for the formal review. The HR Director would be attending the Joint Partnership Forum the following week and was planning monthly visits to the A&B HR team and Senior Leadership.
- The limited budget to fund the programme manager was a challenge and the use of internal resources was preferred, especially if the external scrutiny role was to be undertaken by the proposed Chair of the Steering Group.
- Reference was made to planned links with the PMO, and further links between that group and staff-side culture development work.
- Adam Palmer reported that Unison felt the scope of the review in A&B was not sufficiently wide and should be expanded to cover the management structure, partnership working, HR processes, governance, and not just bullying, with reference to Sturrock's specific reference to management functions. This should be considered prior to the tendering process for the review. Assurance was provided that this would be discussed at forthcoming Joint Partnership Forum and the Highland Partnership Forum. It was clarified that the Sturrock report had been about NHS Highland and it was important that the review only impacted on the work of the IJB in relation to the impact on culture. Therefore, a robust focus was required and would be fully discussed.
- The HR and Comms teams were thanked for their work on the programme to date, as were the people who had attended the Board Strategy Workshop to share their stories.

- The Chair thanked everyone involved in the engagement sessions and strategy workshops and welcomed the useful feedback being received.

The Board **noted** the update on progress with the Culture Fit for the Future Programme, and **approved** the decision to proceed to tender for an Independent Culture Review in Argyll & Bute, as recommended in the Sturrock report, noting there would be further staff engagement prior to the tender process being finalised.

8 Risk Appetite and Corporate Risks
Mirian Morrison, Clinical Governance Development Manager, on behalf of Iain Stewart, Chief Executive

The report provided feedback on the Board Development session on 14 August 2019 at which the Board's risk appetite had been considered, with risk appetites proposed for different categories as follows:

Risk Category	**Risk Appetite**
Strategic and Reputational	Cautious → open (may become more open as organisation progresses)
Clinical	Open (need to be aware that stakeholders may not be open to risk, they may be more cautious)
People	Open
Financial and sustainability	Open
Innovation	Open (Cautions with IT related innovation)

During discussion the following issues were considered:

- The Chief Executive explained the need for a dedicated Risk Manager to develop and manage the risk management system. This post would sit in the Clinical Governance Team and was being progressed along with an overview of the whole structure.
- In addition to identifying risks, their management on a continual basis was a vital area of improvement which would be facilitated by the Risk Manager.
- The application of risk appetite was challenging and would require appropriate guidance and training to ensure it was implemented. A Risk Management Action Plan was being developed with external auditors to ensure this work became embedded across the organisation with appropriate supporting documentation.
- Reference was made to the challenges around risks over which the organisation had little control, such as geographic challenges. Brexit was outwith the organisation's control but a summary was provided of Brexit preparedness measures being undertaken.
- Assurance was provided that Quality Impact Assessments were undertaken for all Project Initiation Documents (PIDs), which had to be signed off by the Nurse or Medical Director.
- Some risks which had been on the register for a relatively long time could fluctuate in their severity due to improving and worsening situations with each re-assessment.

The Board **agreed**:

- The risk appetite.
- The new risks to be added to the Corporate Risk Register.

9 Mobilisation of the Clinical and Care Strategy Development Programme
Mark Wilde, Strategic Advisor, Health Finance and Deborah Jones, Director of Strategic Commissioning, Planning and Performance

The Clinical and Care Strategy would provide a blueprint for the delivery of health and social care services across NHS Highland over the next five years. Its development had been included with the recommendations for change outlined in the Sturrock Report and was also considered vital to facilitate medium term financial recovery. Extensive resources were required to develop the strategy and attention was drawn to the additional pressures this was likely to place on staff. Phase One of the process was due to be completed by June 2020 and further consultation might be required prior to Phase Two. Re-prioritisation of resources to fund the strategy development was being considered by the Finance Sub Committee. Attention was drawn to the plans for engagement during the process, including workshops with all stakeholders.

During discussion the following issues were considered:

- The Chair explained that at the end of the process there was an estimated financial gain of £9m for 2021-22.
- Assurance was sought that if services were redesigned, the forthcoming Islands Bill and appropriate Island Community Impact Assessments (ICIAs) were taken into consideration, noting that although they had not yet been ratified, there had been a recommendation that they should be taken account of as though already approved. Mark Wilde confirmed that ICIAs would be undertaken at the point there was an identified need for redesign, and he would be discussing this with the Chief Officer and Associate Medical Director in A&B.
- Attention was drawn to the complexities with implementing a strategy which could have some conflicting workstreams, for example regionalisation versus local redesign. Balancing of key principles would be required, but the benefits to the organisation overall were significant.
- The report section 'Timetable' should indicate a Phase One completion date of June 2020, not June 2019.
- The overlap in completion dates reflected the different workstreams finishing at different times. In response to concerns that undue pressure could be put on the workstreams that were delayed, a programme management team was being put together (detailed in the report) to ensure dedicated leadership, governance, and capacity.
- It would be helpful if the schedule allowed sufficient time for the Area Clinical Forum to engage with sub groups and professional advisory groups. Assurance was provided that the programme manager would take this into consideration and that a presentation had been given to the Area Medical Committee the previous week.
- Assurance was sought on the strategy's interaction with existing work and processes and attention was drawn to Tasks 1 and 3 in the 9-step approach to strategy development which were 'local strategy' and 'links with other work-streams'.
- Significant engagement with many stakeholders was required and attention was drawn to the expertise and resources within the organisation, and the possible need for additional support for the Comms team. The need for early engagement should be made explicit and presented an opportunity to demonstrate the organisation's commitment to engagement. This would be started with staff-side at the Highland Partnership Forum later that week.
- The strategy was welcomed as an exciting opportunity to improve the lives of patients in addition to being financially beneficial.
- The role of clinicians in developing the strategy was vital and it would prove a helpful decision making tool and a means of improving the availability of services in a sustainable way.
- The Chair emphasised the transformational benefits and welcome the level of engagement, noting this would include GPs.

The Board **approved** the mobilisation of Phase 1 of the Clinical and Care Strategy Programme as outlined in the report.

10 Finance
Dave Garden, Interim Director of Finance

For the 5 months to August 2019, NHS Highland had overspent against budget by £7m which predominantly related to 5 months of the planned £11.4m overspend, along with emerging cost pressures in drugs in Raigmore and continued use of premium cost staff.

In terms of savings delivery, the unadjusted total pipeline at month 5 totalled £27.5m, only £0.5m short of the overall savings requirement. However, this included ideas, opportunities and plans in progress as well as schemes which were fully developed and moved to delivery.

The risk adjusted values within the pipeline were:

- Moved to delivery £19m
- Risk adjusted pipeline £ 4m
- **Total** **£23m**
- Target £28.0m
- **Gap to close** **£ 5m**

In terms of day to day operational budgets, excluding savings, operational units were predicting a potential £4.4m of net cost pressures which required to be managed over the course of the year.

Appendix 1 of the report provided the new style of finance reporting and showed tables and supporting points for the period to month 5. Appendices 2&3 contained the information on drugs and prescribing as requested by the Board, noting that for GP prescribing, information was always provided two months behind.

During discussion the following issues were considered:

- An outstanding additional risk in relation to A&B was the ongoing dialogue about the cost of the Service Level Agreement with Greater Glasgow and Clyde Health Board for NHS Highland patients from A&B. Indications to date were that GG&C were supportive of the NHS Highland position but had not indicated a willingness to amend their proposed charges, which could be in the region of £2-3m higher than had been budgeted for.
- The minus £1.4m variance in the forecast for Corporate Services represented savings that had not yet been moved to delivery.
- It was suggested that the risk of exceeding the planned £11.4m overspend required action to be taken now and it was explained that the month 6 position would be key to providing a more accurate end of year position. Weekly meetings were being held to identify and move identified savings projects from the pipeline into delivery. The challenge was not the generation of savings ideas, but the realisation of them, and the following week a meeting would be held to scrutinise and resolve blockages in the system with Executive Sponsors of projects.
- Delays with the clinical waste contract and related additional costs were national but an end point was now known.
- Ann Pascoe asked for the figure for backlog maintenance which would be remitted to the Head of Estates outwith the meeting.
- An explanation was provided on the capital programme for replacing obsolete and broken medical equipment. This was not currently on the Corporate Risk Register and Dave Garden offered to review this and to report the current figure to Ann Pascoe.

The Board:

- **Considered** the financial position of the Board to Month 5 noting the overspend of £7m broadly in line with the annual operational plan.
- **Noted** the capital position of breakeven.
- **Acknowledged** the financial position as set out in the report and appendices.

11 PwC/NHS Highland Exit Report
Iain Stewart, Chief Executive

There was overlap between this report and the Finance report at Item 10. PwC had completed their engagement which had proven to be productive joint work, with £20m of savings now in the delivery pipeline, and they had left in place a good internal PMO team to support recovery. Of key importance was to maintain momentum on the financial recovery processes that had been put in place. Risks highlighted by PwC included the need for a Turnaround Director post, to which Mark Wilde had just been appointed by the Scottish Government, and the ongoing vacancy of Corporate Finance Director, recruitment for which was now underway jointly with another Board with the assistance of an agency. The Executive team was thanked for the considerable effort that had gone into the recovery process to date, although there remained a challenging £8m gap to be closed, and many competing priorities.

During discussion the following issues were considered:

- The Chief Executive thanked NHS Highland staff and PwC for their hard work and partnership approach and gave a summary of achievements to date with the recovery process, including the appointment of a turnaround Director and a functioning internal PMO team. This was endorsed by the Chair.
- The PMO team would continue to mature and work towards closing the £8m gap under the guidance of Mark Wilde, noting that making this saving was an organisation-wide concern.
- Caution was urged in relation to the capacity of the Executives and other staff to avoid unreasonable expectations. The Board offered assistance with prioritisation if required, noting there could be difficult decisions ahead to achieve financial balance. It was clarified that prioritisation of objectives and capacity issues were discussed at Senior Leadership Team meetings and throughout the organisation to ensure care was taken not only of patients but of staff. Attention was drawn to the role of the Clinical and Care Strategy in providing a framework for future investment and resource decisions which would be helpful, especially in the longer term to become more proactive rather than reactive.

The Board **noted** the end of PwC support to NHS Highland and the summary of achievements.

12 Quarterly Performance Report
George McCaig, Performance Manager, on behalf of Deborah Jones, Director of Strategic Commissioning, Planning and Performance

The format of the performance report was due to change for the next Board and it was intended to report performance to every Board meeting in future, and to ensure a clear and transparent relationship between the objectives detailed in the Annual Operation Plan, performance reporting and operational outcomes. An aim was for operational units to have the opportunity to comment on performance reports prior to their submission to the Board.

During discussion, the following issues were considered:

- In several areas, NHS Highland missed Scottish Government targets but still performed well against Scottish averages. Increased narrative on actions being taken in areas of poor performance would be welcomed in future.
- In response to concerns about rising levels of sickness absence, despite it being at a lower level and rate than the Scottish average, attention was drawn to the programme to create a more supportive culture with a key focus on wellbeing.
- For future meetings, a deep dive into a particular area or issue was suggested, possibly with the focus remaining on that area for a period of time until performance had improved.
- Performance against the waiting times target for Children and Adolescents Mental Health Services (CAMHs) of 18 weeks for all but urgent issues was unacceptable, with attention drawn to the value of early intervention. This was partly due to national pressures, with all Health Boards struggling to meet targets, and partly due to local staffing pressures. Options to support people better in communities were being considered, including school-based services.

The Board **reviewed** the performance recorded in the scorecard at Annex A identifying any areas requiring further information or exception reports, as detailed.

13 Public Bodies (Joint Working) (Scotland) Act 2014 – Annual Performance Reports

a. Argyll & Bute

George Morrison, Head of Finance, on behalf of Joanna MacDonald, Chief Officer, Argyll & Bute

The report had been presented to the IJB on 7 August 2019 and IJB members had asked for comparison with other IJBs for particular indicators (16 & 17) and inclusion of this in the report was welcomed. The format of the report was welcomed, as were the local examples provided within it.

b. North Highland

David Park, Chief Officer, North Highland

The report had been reviewed by the Highland Health and Social Care Committee and focused on the nine national health and wellbeing outcomes, with multiple associated metrics. Of the 36 indicators across the outcomes, 67% were green, 11% were yellow and 22% were red, a largely favourable result but with clear areas for improvement. For some metrics, national data had been delayed, and some had changed, making direct comparison difficult. On a positive note, looking at the metrics on national versus Highland performance, Highland exceeded national performance in 14 out of 16 indicators.

During discussion the following issues were considered:

- In relation to Outcome 6, '*percentage of carers who feel supported to continue in their caring role*', although performance had improved from 37% to 38% against a Scottish average of 37%, this was disappointing and assurance was sought that existing carers and not only new carers were being provided with carer support plans. Assurance could not be provided on this, partly because some existing carers did not identify as such, or wish to engage with the NHS as a carer, and partly because a more robust review mechanism was required for people using these services.
- Information was sought on whether the improvement in Delayed Discharge figures was comparable with the national rate of improvement. This remained a priority area and was challenging due to the complexity of interrelated issues such as flow through the system, and capacity in Care Homes and for Care at Home. Plans were in place to increase the number of Care Home places in the next 6-9 months, including a new home in Inverness, and work was being undertaken with Care at Home providers to create incentives to expand capacity, which would improve the discharge rate from hospital and reduce unnecessary admissions, this also being an aim of the Primary Care Improvement Plan.
- In relation to changes recently made to the Care at Home delivery model, speed of adaptation varied but it was hoped to see businesses being more aligned to new practices by the end of 2019.
- The underspend reported for Integrated Child Health Services related to recurrent Council vacancies.
- The Children and Adolescents Mental Health Services (CAMHs) performance data which indicated 90% of CAMHS referrals were seen within 18 weeks related to Tier Two services delivered by the Highland Council.
- The Children's Services budget had been discussed recently at the HHSCC and the Finance Committee, particularly in relation to the forthcoming review of the Scheme of Integration with the Council.

The Board **noted** the reports.

14 Infection Prevention and Control Report

Catherine Stokoe, Infection Control Manager and Dr Vanda Plecko, Consultant Microbiologist/Infection Control Doctor on behalf of Heidi May, Board Nurse Director & Executive Lead for Infection Control

	Target	**NHS Highland HEAT rate**	
Clostridium *difficile*	HEAT rate of 32.0 cases per 100,000 OBDs to be achieved by year ending 03/20	April – June 2019/2020 21.5	**Green (validated data)**

	Target	NHS Highland HEAT rate	
***Staphylococcus aureus* bacteraemia**	HEAT rate of 24.0 cases per 100,000 AOBDs to be achieved by year ending 03/20	April – June 2019/2020 26.2	**Red (validated data)**
Escherichia coli bacteraemia	National target awaited	Based on our position against Scottish data	**Green**
Clinical Risk assessment Compliance	90% screening target	Meticillin resistant Staph. Aureus (MRSA) 88% Carbapenemase-producing Enterbacteriaceae (CPE) 94%	**Amber (validated data)**
C-Section Surgical site infection	Target rate of 2% or below	Jan- June 2019 combined rate of 1.8%	**Green (NHSH data)**
Orthopaedic Surgical site infection	Target rate of 2% or below	Jan- June 2019 combined rate of 0%	**Green (NHSH data)**
Colorectal Surgical site infection	Target rate of 10% or below	Jan- June 2019 rate of 4.9%	**Green (NHSH data)**
Hand Hygiene	95%	Apr – June 2019 rate of 96%	**Green (NHSH data)**
Cleaning	92%	Apr – June 2019 rate of 95%	**Green (NHSH data)**
Estates	95%	Apr – June 2019 rate of 97%	**Green (NHSH data)**

Source: - Health Protection Scotland/ISD/Local data.

- Staphylococcus aureus bacteraemia was showing 26 cases per 100,000, against a target of 24, although this was within expected levels. Work to tackle this continued locally, with an action plan being monitored.
- Performance on clostridium difficile was good.
- Clinical risk assessment compliance had reduced, which had been unexpected as performance was normally above average in this area. Local teams were working to establish the causes and support education, and this area would be closely monitored.
- Congratulations were extended to GP Practices in NHS Highland for their achievements in reducing antibiotic prescriptions.
- The Infection Control conference was on 23 April 2020 and attendance was recommended.

During discussion the following issues were considered:

- The Deputy Head of Estates had been appointed but the Responsible Person for Water was not yet known although anticipated imminently.
- Drops in hand hygiene performance could be the result of many issues including pressure in the system resulting in reduced performance across a wide range of staff, or a small group of non-compliant staff. Maximum compliance required a steady focus on hand hygiene.
- Information was sought and provided on preparedness for potential viral haemorrhagic fever cases (including Ebola), which included the selection of a government approved model.

The Board **noted** the position and the update on the current status of Healthcare Associated Infections (HAI) and Infection Control measures in NHS Highland.

15 A Review of the Impact of Influenza in 2018-19
Dr Ken Oates, Consultant in Public Health Medicine, on behalf of Dr Hugo Van Woerden, Director of Public Health & Health Policy

The role of Public Health in coordinating the vaccination programmes was explained. Key points included the significant impact of flu on the health of the population and on the Health Service, the changing nature of the flu virus and the complexity of the response required to it, with peak infection time being in late December / early January. Early each year, the particular strains of flu were examined and a vaccine produced for the following winter to a tight production timetable. The breadth of the programme was explained, with around a third of the population being eligible to receive a free vaccine, though uptake was decreasing, which might be partly due to the relatively mild recent winters. With staff uptake at 44% across the Board and 64% in Raigmore, there was significant room for improvement. Good practice included having local champions, senior staff support, and trolley vaccination services visiting workplaces. The Board was asked to encourage staff uptake of the vaccination and to receive it themselves.

During discussion the following issues were considered:

- A positive campaign in advance of permission requests being issued to primary school children would be helpful especially since they were issued relatively far in advance of national publicity, although it was acknowledged that the budget for publicity was tight. Awareness raising in social groups was important and the Communications team would include it in their bulletins.
- 24% of cases of flu admitted to Intensive Care Units proved fatal.
- The challenges of staff vaccination in remote and rural locations was highlighted and it was thought there was a level of under-reporting in some rural areas where staff could vaccinate one another without this being reported.
- Boards in England usually offered vaccination to front line staff whereas in Scotland all NHS staff were offered vaccination.
- Face masks and face fit testing, which checked whether a person's mask fits their face shape and size, were discussed, noting that A&B had already introduced this and A&B staff had offered to assist with training in North Highland.
- Responsibility for vaccination in the community was with Public Health, whereas in hospitals it was with Infection, Prevention and Control.
- The staff vaccination rate in Raigmore was thought to be higher than elsewhere due to the concentration of staff in one building and a trolley system to take the vaccinations to the staff in their workplaces, along with a vocal champion to encourage update, with particular reference and thanks to the Lead Nurse at Raigmore for her role in this.
- A brief summary was provided of challenges rolling out the new vaccination programme following changes to the GP contract, particularly in relation to remote and rural locations.
- Publicity suggestions for the flu vaccination included photographing Board members receiving the vaccine, inclusion of information in the Chief Executive's bulletin, on payslips, on the intranet, and in an 'all staff' email.
- Data about private flu vaccinations, which were available for a small fee in many pharmacies for people not in the risk groups for a free vaccine, was not collected or monitored.

The Board:

- **Noted** the impact of influenza (flu) illness on the population and the health service each winter.
- **Endorsed** the positive preventive impact of flu vaccination.
- **Supported** the potential health gain and health service benefit resulting from delivery of effective flu vaccination programmes.
- **Encouraged** the uptake of NHS staff flu vaccination.

16 NHS Board and Board Development Dates and Calendar
Prof Boyd Robertson, Chair

- The dates throughout should read 2020, not 2019.
- Some in-year flexibility might be required to avoid significant clashes with Highland Council meeting dates which had not yet been set for 2020.
- Major school holidays had been avoided where possible.
- In relation to reporting from the Finance Committee to the Board, some flexibility might be required, as the Scottish Government had not yet set their reporting dates for financial information, and this

might require verbal feedback being provided to the Board, if there was insufficient time to submit formal minutes.
- Any feedback on the recent use of electronic invites for meetings and to distribute papers should be provided to the Board Secretary.

The Board **approved**:

- The dates for meetings of the NHS Board and Board Development Sessions for 2020.
- The Calendar of Meetings for 2020.

17 Committee Terms of Reference Amendments

The Board **approved**:

a. The amendments to the **Clinical Governance Committee**'s Terms of Reference, this being to include the Chief Executive and Board Chair as ex officio members as required by the Board's Standing Orders, to remove the Chief Executive as a substantive member of the Committee, to amend the number of meetings per year from five to 'five or six depending on requirements' and to add the Director of Adult Social Care to the list of regular attendees.

The Chair of the Committee drew attention to the need to reassess at some point in the future reference to the assurance in relation to Adult Social Care and the relationship between the CGC and the Highland Health and Social Care Committee.

b. The updated Terms of Reference for the **Asset Management Group**.

18 Clinical Governance Committee of 10 September 2019

The Chair gave a verbal update which included the following:

- The draft minutes had yet to be checked by all members and would be submitted to the Board in November 2019.
- Regular updates were to be received by the Committee on progress with the Belford Hospital Action Plan, which was being developed with staff input following an external review.
- In relation to commissioned Children's Services from the Highland Council, there had been concern about frozen clinical posts and a lack of health expertise at senior level. The Nurse Director and Director of Public Health were due to meet to discuss this with the Chief Executive and Executive Chief Officer for Care and Learning of the Council.
- Assurance had not been received in relation to the Scottish Patient Safety Programme for Adults, as no report had been received on this at the previous two meetings. There was concern that this was in part because the Quality Lead for this programme had not been replaced and that the movement of Quality Improvement staff into the PMO was adversely affecting the situation. It was hoped the reallocation of responsibility for SPSP to the Medical Director would improve the situation and a report had been requested on the impact of staff movement to the PMO.
- Complaint handling was a common theme in relation to the Scottish Public Services Ombudsman cases, with more complex evidence requirements being sought.
- Positive annual reports had been received in relation to the Mortality Oversight Group, abdominal aortic aneurysm, bowel, breast and cervical screening, the Medical Education Governance Group, and Research, Development and Innovation.
- Meeting quoracy had not been an issue recently but obtaining reports on time was an ongoing concern.

19 Audit Committee of 3 September 2019

- Following the issuing of a severe warning from an earlier Internal Audit report on GDPR implementation, a task group had been set up, including a Non Executive Director. Serious concerns had been reported and due to lack of assurance, a special meeting of the Audit Committee was being called on 28 October 2019 to tackle this, along with concerns about Electronic Patient Records. All Board members were invited to attend should they wish. In response to questions, it

was clarified that significant fines could be imposed if there was a GDPR breach and the organisation was shown to not have taken reasonable steps to comply.
- There had been a recent and timely Internal Audit report on the Community Planning Partnership, which had flagged up concerns, especially in relation to staff capacity to service the Partnership. The structure of the CPP and local Community Partnerships would benefit from Board discussion in the future and was also being reviewed by the partners.
- Concerns about the risk process would be discussed at the next ordinary meeting of the committee, much of them having been discussed by the Board at Item 8.
- Outstanding action points from Internal Audit reports would be listed at the December 2019 Audit Committee meeting and management were urged to tackle these as a matter of urgency to avoid repeated criticism in future External Audit reports.
- The Committee meeting had been inquorate and a Non Executive was required for the Committee due to a recent vacancy.

20 Staff Governance Committee of 20 August 2019

- New Terms of Reference had been accepted by the Committee.
- The use of TURAS to ensure staff received annual reviews was disappointing at 16% at the time of the meeting. It was proposed to name the five best and worst performing areas at next board meeting.
- The Staff Governance Committee continued to have a watching brief over the potential impacts of Brexit and proposed changes to pension regulations that might affect some higher paid staff.

Issues raised during discussion included the following:

- It was important that regular staff issues such as annual personal development plans, and statutory and mandatory training were not neglected with the additional priorities that were emerging. It was clarified that a workstream in the culture change programme considered staff capacity and expectations.
- Concern was expressed at the proposal to name specific teams at the next Board meeting in relation to the use of TURAS and it was suggested that while challenges should be escalated to the Board, it was important to gain a clear understanding of reasons for certain areas' poorer performance.

21 Highland Health & Social Care Governance Committee of 5 September 2019

- Some issues that would have been highlighted had already been discussed elsewhere on the agenda, including carers and Children's Services reporting.
- Attention was drawn to the Annual Operational Plan item and the scrutiny that had been undertaken in relation to Treatment Time Guarantees (TTG), with reference to additional funds that had been received and actions undertaken to improve performance.
- Some of the considerations, for example recent pension issues, that were affecting performance were outwith the remit of the Committee.
- The Chief Executive added that TTG and Outpatient performance were priorities, with support to be received from NHS Scotland and, internally, weekly task meetings were being held with actions that were robustly managed and monitored. It had been suggested earlier on the agenda that the Board should focus a 'deep dive' into a particular area of performance and TTG and Outpatients would benefit from this over the next six months.
- Discussions were underway about assurance on clinical governance and social care governance, and the relationship between this committee and the Clinical Governance Committee.

22 Integration Joint Board of 7 August 2019

Issues considered had included the Service Level Agreement with Greater Glasgow and Clyde Health Board, the Sturrock report, efforts being made to improve and strengthen governance structures, the review of the integration scheme, the welcomed sharing of Human Resources services and the appointment of two new Heads of Adult Services.

The minutes of the A&B Clinical and Care Governance group were submitted to the IJB, however Heidi May pointed out there should be a report on Clinical Governance to the IJB by the Lead Doctor or Nurse in future.

23 Area Clinical Forum of 18 July 2019

- There had been interest among members in appointment to the Culture Programme and it was hoped this would be finalised shortly, possibly on a rotational basis.
- Since the July meeting, a discussion to review the constitution of the ACF had been facilitated by Gavin Hookway, with outcomes including a desire to have more robust two-way engagement with the Board. A draft would be considered at the next ACF then put to the Board for approval in November 2019.
- Fiona Hogg offered to attend an ACF meeting, if required, to provide an update on the Culture programme.
- Deborah Jones would discuss ACF involvement in the Annual Operational Plan outwith the meeting.
- Concerns about the need for non-staff to have a mechanism to raise issues had been addressed.

24 Finance Sub-Committee of 23 August 2019 and 18 September 2019

- Both of these important monthly meetings had been inquorate and the attendance of all required was strongly encouraged.
- The timing of meetings required review to enable contributors to prepare appropriately.
- The Clinical and Care Strategy for NHS Highland was discussed and accepted as a positive way forward.
- The financial positions for months 4 & 5 had been reviewed and accepted as a fair reflection of the current financial position.

Additional issues were raised as follows:

- The integration scheme review had also been discussed.
- It would be helpful for members if the meetings could be held at a regular time and day of the week. However, the meetings were tied into financial reporting schedules, which could change from month to month. It might be necessary for the Board to receive a verbal update on meeting discussions if there was insufficient time to produce minutes.
- Members were reminded they could send a substitute if their absence was known in advance.

25 Asset Management Group of 16 July and 20 August 2019 and 17 September 2019

- New Terms of reference had been approved.
- Clinical input to the AMG still required resolution. Heidi May emphasised the importance of this and asked that regular clinical representation be sourced from the Area Clinical Forum and, if this was not possible, then an alternative mechanism be sought.

26 Health and Safety Committee of 8 August 2019

This meeting had been cancelled.

27 Any Other Competent Business

The Director of Communications provided times and dates for Board members to have their photos taken for the website.

Date of next meeting: 26 November 2019

Close of meeting: 1.05pm